

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>04-OCT-2015</b>		TIME <b>08:34:00</b>		2. ADDRESS OF OCCURRENCE <b>3522 W GRENSHAW ST CHICAGO, IL 60624</b>		3. LOCATION CODE <b>289</b>		4. BEAT/OCCUR <b>1133</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>RAETHER</b>	7. FIRST NAME <b>JUSTIN A</b>		8. STAR NO <b>19905</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>604</b>	12. HT. <b>210</b>	
	14. DATE OF APPT. <b>27-MAR-2006</b>		15. EMPLOYEE NO. <b>011</b>		16. UNIT & BEAT OF ASSIGNMENT <b>1106A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME <b>MCCALLUM</b>		21. FIRST NAME <b>JEFFERY</b>		22. M.I. <b>D</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>506</b>	26. HT. <b>160</b>	27. WT. <b>160</b>
	28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/> 03 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <b>[REDACTED]</b>		37. CB NO. <b>[REDACTED]</b>	
REASON FOR USE OF FORCE (Check all that apply)	38. DINA <input type="checkbox"/>		39. DINA <input type="checkbox"/>		40. DINA <input type="checkbox"/>		41. DINA <input type="checkbox"/>		42. DINA <input type="checkbox"/>	
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <b>[REDACTED]</b>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>[REDACTED]</b>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		FIREARM <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>	
	43. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <b>[REDACTED]</b>		44. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		45. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		46. WEATHER CONDITIONS <b>OTHER</b>		47. MAKE/MANUFACTURER <b>UNKNOWN OR UNPUBLISHED GUN MAKE CODE- UNKNOWN</b>	
	48. MODEL <b>UNKNOWN</b>		49. BARREL LENGTH <b>16</b>		50. CALIBER/GAUGE <b>223/5.56</b>		51. TASER DART ID NO. <b>DD041540D</b>		52. WEAPON SERIAL No. (Include Letters) <b>R036693L</b>	
CASE INFO.	53. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		54. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		55. TYPE OF AMMUNITION USED <b>FEDERAL LAKE CITY</b>		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		57. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>	
	58. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		61. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		62. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>DNA</b>		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	
SIGNATURES	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		71. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
	73. REPORTING MEMBER (Print Name) <b>RAETHER, JUSTIN A</b>		STAR/EMPLOYEE NO. <b>19905</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>GARTNER, JOHN A</b>		STAR NO. <b>2523</b>	
	75. DATE/TIME <b>04-OCT-2015 20:52:40</b>		76. DATE/TIME <b>04-OCT-2015 21:32:24</b>		77. DATE/TIME <b>04-OCT-2015 21:32:24</b>		78. DATE/TIME <b>04-OCT-2015 21:32:24</b>		79. DATE/TIME <b>04-OCT-2015 21:32:24</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. RAETHER acted in accordance with Department Policy in that P.O. RAETHER fired his weapon after offender pointed a handgun at P.O. RAETHER.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**STAPLES, MELISSA A**

SIGNATURE

DATE COMPLETED

TIME

**04-OCT-2015 22:20:14**

79. TOTAL TRP's THIS EVENT No.

**4**